Northern Cheyenne (Tsitsistas), Honor Your Life Proje.

Section A: Statement of Need

Historically, the act of suicide was completely against Cheyenne traditional beliefs and was an action which the Tribe viewed similarly to the supreme offense of murder against another Cheyenne member. Opposite to act of suicide was the belief about the blessing of Life, in that Life was considered sacred in every sense, and the lives of family and lives of fellow tribal members were precious and was to be fiercely protected. And so the increasing numbers of tribal members who have committed suicide and the current members who are at risk of suicide today is an affront to the cultural integrity and well being of the Cheyenne way of life and to our tribal community; we recognize the need to address this level of self harm immediately.-*Eugene Littlecoyote, Northern Cheyenne President 2004-2008.*

The suicide rate for American Indians/Alaska Natives in the United States was 11.26 per 100,000, compared to the overall US rate of 10.98. However, the suicide rate in Montana for American Indians/Alaska Natives between 2000-2009 was 24.11 per 100,000 people (DPHHS 2010). Nationally between 2000-2007, adults aged 15-24 had the highest rate of suicide in the American Indian/Alaska Native population, 19.47 per 100,000. However, Montana American Indian adults aged 35-44 had the highest rate of suicide, 41.50 per 100,000 people (CDC 2007). Montana has the second highest rate of suicide in the nation and over the last 30 years, Montana has ranked among the top five for suicide rates (American Association of Suicidology 2010). American Indians account for 6% of the US population and have the highest rate of suicide, 24.11 per 100,000 compared to Caucasians at 19.95 per 100,000 (NCHS 2010). According to the 2009 Montana Youth Risk Behavior Survey (YRBS), 18% of American Indian youth in Montana had attempted suicide one or more times in the twelve months before the survey compared with 7.7% of all Montanan students in grades 9-12. Suicide is the number one cause of preventable death in Montana for children ages 10-14 (DPHHS 2010). Limited suicide data are available for the Northern Cheyenne Tribe; however, county-level suicide crude data for areas encompassing the Northern Cheyenne Reservation includes the following counties: Rosebud 18%, Bighorn 15%, as compared to All Montana, 19%, and US 11% (Montana DPHHS 2010).

Our project **purpose** is to expand the capacity of the Northern Cheyenne Tribal community to actively prevent and reduce suicide by decreasing the occurrences of mental illness and substance abuse on the Northern Cheyenne Reservation. The Northern Cheyenne community **developed this application** because people recognize the need for immediate help. Tribal leaders, ceremonial leaders, and families have witnessed the devastating impacts of lives not fully lived due to conditions which leads to substance abuse usage resulting in suicide attempts and suicide deaths. The **social conditions** to be improved by the implementation of this project include: improved opportunities for youth to learn positive leadership and early intervention skills, families learn how to better cope with trauma and decrease their destructive trauma responses, restore more activities based on culture values and spirituality within the community. The **economic conditions** affected by this three year project include: $260,925 supporting two full-time project staff, $313,500 for four-community based consultant contracts, $315,000 increased funding for partner schools, and a $1,341,949 total increase in the Northern Cheyenne Board of Health budget.

In the last ten years, the Northern Cheyenne Board of Health (NCBH) has witnessed an increase in at-risk behaviors among youth. We realized that the citizenship of the Northern Cheyenne Tribe did in fact have major problems with exposure to violence, addiction, and suicide with the need for more intervention earlier and across all levels of community participation. This of course falls primarily on the Northern Cheyenne tribal government as the only municipality for the Northern Cheyenne Reservation. The Northern Cheyenne Board of Health has been given the charge to lead the prevention and intervention activities to **address suicide by providing more capacity building of the community members**: Training will include ASIST Training and QPR Training through linked partner efforts. Honor Your Life will expand these efforts to include: Lifeline, American Indian Life Skills and school based early intervention and skill building, mental health promotion and increased behavioral health services, a community-based workgroup (advisory board), a ceremonial advisory group, and more targeted cultural and ceremonial experiences for healing and addressing loss and grief.

The **population of focus** for this project is youth ages 10-24 living on the Northern Cheyenne Reservation. Northern Cheyenne youth are at high risk for suicide: 1) 19% of youth living on Reservations Montana in 2009 reported attempting suicide in the last 12 months; 2) 17% made a plan about how they would attempt suicide during the last 12 months; and 3) 18% actually attempted suicide in the last 12 months compared to 8% of non-Reservation/AI youth (2009 YRBS). At the time of this report there were **2, 493** youth between the ages of 10 – 24 living on the reservation (Tribal Services 2011).

We know that reservation youth engaged in substance abuse include binge drink, illegal marijuana usage, and attendance at school under the influence more than non-reservation youth (Table1); and school failure reported by reservation based youth is double that of non-reservation based youth. These factors, when combined with family history of violence and lack of adequate and appropriate coping, a shortage of mental health providers, returning combat veteran with increased PTSD, Traumatic Brain injury, or other disabilities, school failure, and poverty, indicate there is the need for immediate action by the Northern Cheyenne leadership, community members, ceremonial societies, service providers, and behavioral health providers (Table 2.).

Suicide Risk Factor Comparison, *Table 1*

Risk Factors Youth	**Northern Cheyenne/ MT Reservation**	**Montana**
Alcohol and Drug Abuse: Binge (last 30 days)	8th Grade:28 10th Grade: 30 12th Grade : 45	8th Grade:11 10th Grade: 26 12th Grade : 37
Alcohol and Drug Abuse: Marijuana (last 30 days)	8th Grade:28 10th Grade: 33 12th Grade : 35	8th Grade:5 10th Grade: 16 12th Grade : 21
Alcohol and Drug Abuse: Drunk or high at school (last 12 mths)	8th Grade:21 10th Grade: 35 12th Grade : 48	8th Grade:8 10th Grade: 21 12th Grade : 25
School Failure: Suspended from School (last 12 mths)	8th Grade:39 10th Grade: 23 12th Grade : 27	8th Grade:12 10th Grade: 10 12th Grade : 7

(Montana Prevention Needs Assessment, 2008)

Northern Cheyenne Population Profile, *Table 2*

Total Members/Residing on Reservation	Youth 10-24yrs	Male to Female	Veterans
9,802/4,562	2,493	49%:51%	15%
High school Dropout	**Unemployment**	**People Below Poverty**	**Percapita Income**
Native American 25% vs. White 1.6%	60% (BIA)	39%	$7,736

(US Census, 2000, Tribal Services 2011)

A **secondary population** of focus includes American Indian veterans and military families. Veterans account for over 15% of the NC reservation population (United States Census, 2000). Between 2003 and 2007 in Montana there were 347 suicides by veterans of all ages, 46 per 100,000 (Rosston 2010). For every completed suicide there are 6 immediate survivors, thus military families represent a large portion of suicide survivors (NCHS 2010). Northern Cheyenne veterans do not have access to adequate mental and behavioral health services (Tom MexicanCheyenne 2010); one part-time veteran coordinator assist veterans living on the reservation by providing transportation services to VA hospitals with mental health services located off the reservation at locations 2-3 hours away. Without access to appropriate and culturally based services, veterans are at increasingly high risk for suicidal ideation and resulting suicide gestures.

A **tertiary population** includes gay, lesbian, and transgender youth. While NC data are not available, this population is at higher risk for suicide and we recognized the need to identify and provide early intervention services. The status of this particular population is especially disconcerting because of the high risk and our lack of data as where and who may be included. Therefore, special attention will be emphasized in the training, in the promotion of literature, and in sharing general information about suicide and suicide risk. In past suicides and suicide attempts, this information was not covered; in the future we as a community will protect all of our youth. They will know that whatever their orientation, they are still part of the Blessing of Life in our Cheyenne way.

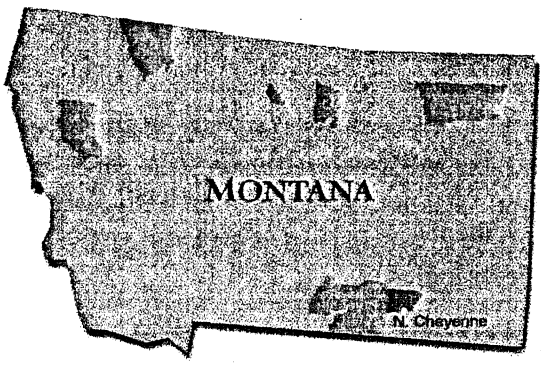


Figure 1, *Map of Montana Reservations, Northern Cheyenne highlighted in green.*

Geographic Area: The Northern Cheyenne Reservation (reservation) is located in southeastern Montana. The reservation contains approximately 427,000 acres within its boundaries. Less than one percent of the total acreage is not tribally owned. The Tribal headquarters for the Northern Cheyenne Tribe (Tribe) is located in Lame Deer, Montana. Population centers on the reservation

include the townships of Lame Deer, Busby, Muddy Cluster and Birney village, *Figure 1.with family clusters housing located across the reservation along the few paved roadways.*

Schools: There are five elementary schools, three middle schools, three junior highs, and four high schools on or near the reservation. This project includes the entire community, and more specifically subcontracts for HYL activities with: Lame Deer, Busby, St. Labre, Colstrip, and Chief Dull Knife College, the total target population inclusive of these schools is 2,493.

The following information is according to the Cheyenne Chief and Tribal Historian John L Sipe, Jr. In the ways of the Cheyenne, gift giving contains the teachings; they used Cedar, Sweetgrass, Tobacco, Colored Cloths, Pipe, and an Eagle Feather to communicate with Maheo, Creator of this world and all worlds, and to make offerings for all the blessings of this life. It is part of the Circle of Life for the Cheyenne people.

The circle of life for the Cheyenne starts in the southeast direction when one is born; i.e., newness, hope, renewal. One reaches young adult/teenage years, it moves to the direction of the southwest; i.e. wonderment, learning, discovering one self. Adult life reaches toward the direction of the northwest. This is time of contemplation, establishing what in adult life they have accomplished. When one dies the circle of life closes back the northeast and reunited at the beginning, starting again the Cheyenne circle of life. This presents hope to everyone. It is their belief that the spirit will walk the Seana (Milky Way) to the pathway of the Spirit World / Maheo (God). The prayers / blessings are for those who are mourning, sick, sad due to death of a loved one, fearful about one's family, seeker of good health, and petitioner of prosperity for the people of the tribe and all people and Mother Earth.

All things come wrapped, even as a baby is born, it is wrapped in the water of birth and in the mother's protection. This Bundle is wrapped to be passed from this place to the next place. It is an offering from many people; many of the items come from all over the Great Turtle Island. Many Cheyenne people talked about blessings, words of encouragement, prayers, blessings, hope, care, concern, friendship, respect, and honor go into the giving of gifts. Cheyenne Ceremonial men and women are consulted; Traditional Healers are consulted; all agreed that words, gifts, recognition, naming, ceremony is important to carry on and to carry to the many other native people.

Colored Cloth: The five colors of the cloth strips tying a bundle include red, blue, black, green and yellow. To the Cheyenne the yellow represents the sun, the green represents the earth, black is victory or death, red is life, blue is for the sky/universe. All activities are done with cloths tied with these colors. The cloths are part of the gift that can be given or passed on to others. The colors represent much and are used in many different ceremonies.

Tobacco: The Tobacco itself, once put into the pipe and lit will carry the prayers to the elders and the keepers of the fires in the spirit world. Cheyenne people used tobacco by mixing it with sage for used in blessings and prayers. After smoking, the ashes contained in the pipe are buried in Mother Earth, acknowledging the four times it takes to completely prayers. The sacred offering of food is used. - Meat, fruit, corn, bread, water. This food is buried in the earth with the ashes of the tobacco upon completion of blessings and prayers. The tobacco comes from an offering from the Assiniboine Ceremonial Sundance in Montana. This Tobacco was part of a sacred bundle sent to the Cheyenne Chief during his year of suffering and he wants to return the

Northern Cheyenne Traditional Mental Health (NCTMH) Pilot Proposal Project Summary

The Northern Cheyenne Board of Health (NCBH) seeks, $248,322 from the Indian Health Service to recruit and train masters level counselors and social workers in traditional healing practices based on beliefs and spirituality of the Northern Cheyenne people. The Northern Cheyenne Traditional Mental Health (NCTMH) project is the result of multiple federal, Tribal, local, academic, and private partners working together to respond to immediate needs for increased behavioral health services on the Northern Cheyenne Reservation. This summary document outlines the framework in which the NCTMH project will operate and includes the implementation and evaluation of the project for dissemination and adaptation by other tribes and communities faced with similar behavioral health needs.

Comment [A1]: Or other funding agencies??

Purpose

Our project purpose is to expand the capacity of the Northern Cheyenne community to actively prevent and reduce occurrences of mental health related illness and episodes on the reservation by training masters level counselors and social workers in specific aspects of behavioral health with traditional and spiritual relevance.

Recruitment and Participation

Our project will train four masters-level mental health providers (or MSW's) in the two-year project period while reaching potentially 4,000 tribal members. The Northern Cheyenne Board of Health will oversee the recruitment process, focusing on the recruitment and participation of the following individuals:

1) Individuals with stated credentials and community ties;
2) New masters-level graduates in psychology and social work; and
3) Individuals referred to the NCBH by the Indian Health Service or partners.

One provider (Provider 1) will be recruited in the first three months of funding and begin working with the NCBH and cultural and spiritual leaders as identified by the project planning team. A second provider (Provider 2) will be recruited in month nine and follow the same process as Provider 1. A third provider (Provider 3) will be recruited in month 12 of the project and follow the same process as Providers 1-2. A fourth provider (Provider 4) will be recruited in month 15 of the project and follow the same process as Providers 1-3.

New providers (Providers 1-4) will have offices located at the Northern Cheyenne Board of Health and they will be expected to live and experience the Northern Cheyenne community by residing permanently on the reservation for the duration of their training experience.

NC Traditional Health Instruction

Providers will receive traditional mental health healing training by appointed Northern Cheyenne traditional and spiritual leaders (identified by the NCBH and appropriate societies).

Comment [A2]: Insert the locations and types of training expected for the new providers here

Additional clinical behavioral health resources are available and will mentor new providers in culturally adapted practices and rural and community clinical psychology, as described below.

Elders, Spiritual Leaders, Society Leaders, and Ceremonial Leaders, To be Determined. Elders, spiritual leaders, society leaders and ceremonial leaders will work with the providers to follow Northern Cheyenne traditional mental health healing protocols. In this process, the Northern Cheyenne culture and beliefs will be the basis for the healing process. These leaders will guide the project and community to ensure providers receive appropriate training while addressing traditional and spiritual needs of the individual.

Clinical Behavioral Health Services: John Bradley, PhD. Dr. Bradley will promote the use of rural community clinical psychology and instruct participants in introductory level psychology terms and theories. Dr. Bradley will translate clinical level treatment into practical approaches.

Clinical Treatment for the Individual and Family: Dolores Subia BigFoot, PhD (Caddo Nation of Oklahoma). Dr. BigFoot will promote the use of culturally adapted practices to address trauma and discuss ways in which providers may use practical communication methods to recognize and refer individuals suffering from common mental health illness and episodes. Dr. BigFoot will provide an overview of grief camps, talking circles, healing events, naming and other Cheyenne based ceremonies which connect individuals to their culture, traditions, and family.

Clinical Psychologist: Eduardo Duran, PhD. Dr. Duran will explore with participants the use of community-level interventions which focus on deeper emotional and spiritual problems which need to be addressed within the socio-historical context. Dr. Duran will provide assistance and understanding on the impact of historical trauma and to share his wisdom of how culturally based knowledge can be especially helpful to address historical trauma.

Our project has two strategic goals:

> **Strategic Goal 1:** Increase the understanding and capacity of the Northern Cheyenne Tribe to proactively refer, treat, and promote healing using traditional practices for individuals with mental illnesses and episodes.
>
> **Strategic Goal 2:** Promote the use of Northern Cheyenne spirituality and tradition by increasing the involvement and leadership of military societies, chiefs, and elders in the community and behavioral health settings.

The intended outcomes of our project are: (1) 3,840 total hours of traditional Northern Cheyenne teachings and mental health training offered in a 2-year period; (2) one traditional mental health training model developed for the Northern Cheyenne community based on specific areas of need as directed by licensed clinicians and cultural advisors on the reservation; (3) integration of Northern Cheyenne spiritually and tradition in existing behavioral health service provision; (4) community members with mental health needs will

benefit from an increased number of individuals in the community who have specific training and skills to recognize and support individuals in need; and (5) multiple agencies, academic institutions, and programs will work together to support traditional mental health practices for future generations.

Authority

The Northern Cheyenne Board of Health (NCBH) has been given the charge to lead mental health prevention and intervention activities to create a model in which new providers receive training to address mental health needs in the community.

Northern Cheyenne (Tsitsistas), Traditional Mental Health Pilot (NCTMH)

Background

The Northern Cheyenne Board of Health uses traditional health practices and teaching in many of the programs it oversees; however, existing behavioral health services do not always include traditional health practices and teachings as a pathway for healing. The Project developers[1] recognize the immediate need to train masters level counselors and social workers to increase the use of traditional healing practices in the treatment of mental health related illness and episodes on the reservation.

Statement of Need

Additional services to support community members and mental health efforts are desperately needed on the reservation. The Project developers identified multiple factors in the community which present risk for individuals in the community to suffer from mental health illnesses and episodes and include: substance abuse, violence, trauma and gaps in existing behavioral health services.

1. Degree of Substance abuse usage puts the community at greater risk for self-harm, suicide and alcohol dependence which is more than three times higher (12%) for American Indians living on reservations in Montana compared with other adults (3%)(Montana Department of Health and Human Services, 2001). In a 2009 survey, Cheyenne youth reported they are concerned about parent/family member drinking (56%) and concerned about drug use (44%) (Rink, 2011).

2. Exposure to severe trauma in the Northern Cheyenne community spans generations resulting in physical, emotional and psychological injury over a lifetime. NC youth are concerned about violence in the area where they live (41%) and 25% are concerned about violence in school (Rink, 2011). Today, trauma occurs unfortunately on a regular bases through violent crime, sexual abuse, physical abuse, and neglect which are correlated risk factors for suicidal behaviors in adolescents and adults (Reducing Suicide: A National Imperative, 2002; BigFoot, 2007).

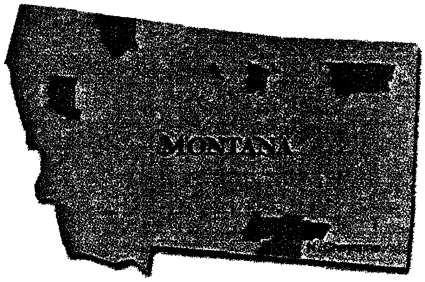
[1] NCBH Tom Mexicancheyenne, I.H.S Hillary Corson, Dr. Dee BigFoot, Dr. Eduardo Duran, Allyson Kelley, and others.

3. Violence, Arrest & Crime among American Indians in Montana accounted for 14.6% of people ages 10-17 referred to Youth Court, while they only made up 9.7 % of the population (Montana Kids Count Data Book, 2008). American Indians are exposed to higher crime rates when compared to the general population, 656 per 100,000 compared to 506 per 100,000. The AI/AN violent crime rate are 2.5 times higher than the national rate (OJJDP, 2006). NC youth report they are concerned about getting in trouble with the law (47%) (Rink, 2011). American Indian women are victims of violent crime at a higher rate than for any other population. According to the Adverse Child Experience Study, one of ten risk factors for poor adolescent and adult mental health is violent behavior directed to the mother (Felitti, Anda, Nordenberg et al 1998) which is a constant condition that most American Indian families, especially single mothers have to contend with. Northern Cheyenne families are no exception.

4. Gaps in Existing Service: Limited behavioral health services exist on the reservation. A PL 638 *Indian Health Service Contract* to the Northern Cheyenne Board of Health supports four licensed clinical staff and one administrative assistant to provide BH services for the entire Northern Cheyenne population. Due to repeated I.H.S funding shortfalls, the NCBH is funded at approximately 50%, and generally these funds are used in the first five months of the fiscal year. These conditions create a lack of behavioral health service delivery.

The project will increase the number of providers in the community trained in traditional health practices. This will close existing service gaps by creating a cohesive network of partners and providers trained to recognize and refer individuals in need of traditional health therapies.

Comment [A3]: How will we know who will receive the traditional health therapies and how will they be referred/treated. Etc.



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